

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	10/27 00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		71471	12/14

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	7/1/82
2	8/1/83
3	10/9/83
4	1/24/84
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	N
13	N
14	✓
15	7. N
16	✓
17	✓
18	✓
19	✓
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31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	7. N
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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